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ABSTRACT

This manual presents a curriculum on the health and nutrition of children in the developing world for students in middle schools. The objectives of the curriculum are to give American students a more accurate idea of the problems related to child survival worldwide, to enable them to integreate these issues into their regular classroom activities, and to become involved in related follow-up activities. Emphasis is placed on lessons relating to a health stragegy called "GOBI" (an acronyn for growth monitoring, oral rehydration therapy, breastfeeding, and immunization). The guide is divided into six units, each of which provides background information, instructional materials, and suggestions for activities inside and outside of the classroom. The subject focus of each unit is as follows: (1) World Overview; (2) Growth Monitoring; (3) Oral Rehydration Therapy; (4) Breastfeeding; (5) Immunization; and (6) Resources. Evaluation activities, pre- and post-tests, and information on members of the Atlanta Campaign for Child Survival are included. (KH)

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HEALTHY CHILDREN / HEALTHY WORLD

Compiled by Cynthia Dean, R.N.

With the assistance of Patricia Harrell, M.L.M. and Ellen Wright, M.Ed.

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Development Education Project

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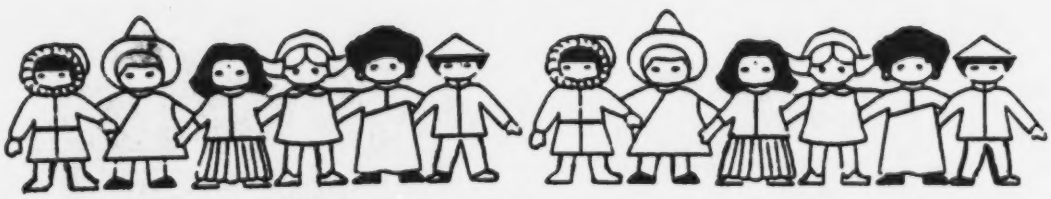

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HEALTHY CHILDREN / HEALTHY WORLD

A Five Unit Curriculum

The following curriculm guide provides an overview of four simple strategies that can save the lives of over 20,000 children in the developing world each day. The acronym GOBI stands for growth monitoring, oral rehydration therapy, breastfeeding and immunization. This curriculum guide introduces the students to some of the threats to child survival, as well as to the GOBI strategy. Included in the lessons are suggestions for ways to become involved in both international and local efforts to aid in child survival. At the completion of this course, it is anticipated that the students will be more aware of the world and its problems, and to solutions that encourage self-reliance. It is hoped that the students will acquire this knowledge with a new compassion for others and a desire to become involved.

The guide was developed by INSA, The International Service Association for Health, Inc., of Atlanta, Georgia, for use in the Campaign for Child Survival. This national effort to increase awareness is supported by groups like INSA, Save the Children, CARE, UNICEF and others. Atlanta is one of five model cities participating in the campaign. Ms. Cynthia Dean, R.N. was instrumental in the development and testing of the curriculum. She was assisted by Ellen Wright and Patricia Harrell of INSA, and Dr. Kathleen Miner of Emory University.

INSA is an international health and development agency with permanent programs in India, Haiti and Atlanta. Its development education project has worked with schools, educators, churches, corporations and youth groups since 1982.

HOW TO USE THIS GUIDE

- The five units can be used in consecutive order as they stand, or,
- the first unit can be used alone as a brief overview of child survival issues.

- The guide is intended for use in middle schools through the beginning years of high school.

- Enrichment activities and suggestions for ways to become involved are included at the end of each unit. More in-depth suggestions are included for older students.

- Handouts may be reproduced in quantities for classroom use.

- The guide may be reproduced in its entirety with credit to INSA.

- Suggestions for ways to become involved are included with each unit.

OBJECTIVES

At the completion of this curriculum, the students will:

1. Have a more accurate idea of some of the problems related to child survival worldwide.
2. Identify the basic GOBI strategies to deal with child survival problems.
3. Be able to integrate their study of child survival issues into their regular classroom activities.
4. Be stimulated to become involved in follow-up activities related to child survival issues.

Finally, we hope that your use of the materials will help us achieve the common goal of saving children's lives. Education about issues related to child survival is the first step in ending needless deaths throughout the world.

Unit One

REMEMBER THE ACRONYM GOBI. IT STANDS FOR CHILD SURVIVAL.

GROWTH MONITORING.

By recording a child's weight gain on a ten-cent growth chart every month, poor growth can be pinpointed long before malnutrition sets in. At this early stage, a community health worker can teach a mother ways to improve her child's nutritional health, even when food and money are scarce.

ORAL REHYDRATION THERAPY.

Dehydration from diarrhea, the single biggest killer of young children in the world today, claims five million victims a year. If parents knew when and how to use a ten-cent packet of pre-mixed salts or a homemade solution, the lives of most of these children could be saved. At this point, only 15 percent of the world's families know about oral rehydration. Yet, even at that, through ORT we are saving the lives of half a million children yearly.

BREAST-FEEDING.

Breast-feeding provides the best possible nutrition and a high degree of natural immunity against common childhood infections during the first six months of life – for *free*. In poor communities, bottle-fed infants, who often ingest inferior artificial substitutes overdiluted with unclean water in unsterile containers, are two to three times more likely to die in infancy than their breast-fed counterparts.

IMMUNIZATION.

Although, at present, only ten percent of the children in the developing world are vaccinated against the six diseases that threaten them most – measles, whooping cough, tetanus, polio, tuberculosis and diphtheria – more than 40 countries around the world have joined the campaign for "universal immunization by 1990." With this achievement, many of the three and a half million children who die each year from vaccine-preventable diseases, as well as the millions more who are crippled or malnourished as a result of them, will be saved. The cost per child: only $5 for complete immunization.

UNIT ONE

World Overview
Focus Issue: GOBI

Description

This lesson is a basic overview of some of the most serious problems facing the worlds' children, and the simple health measures developed to treat those problems. GOBI (pronounced go-bee) is the acronym for Growth monitoring, Oral rehydration, Breast-feeding and Immunization that is promoted by UNICEF and others. What is so exciting about these simple methods, is that they are inexpensive, allow the parents a more active role in their childs' health, and increase their self-reliance.

It should be pointed out to the students that although there are many problems such as hunger, poverty and diseases in most poor countries, these problems exist in countries that are rich, too, including the U.S. There are also many happy and healthy children in every country in the world.

Related Subjects: Math, Geography, Art, Social Studies, Language Arts, Health

Objectives: At the end of this lesson, the students will be able to:

1) Physically demonstrate the relative global population distribution.
2) Explain the four GOBI methods.
3) Describe several ways in which GOBI promotes self reliance.

Materials: GOBI handout, world map, UNICEF photos or other photos of children in developing nations, reprint of Descent Into Hunger. If available in your area, you might select one of the following presentations: "Children: Hunger and Hope--a Slide Show;" or "Child Survival Campaign for Life," available in 16mm or video format.

Procedure:

1) Begin by asking the children if they know in what areas most of the world's people live. Ask whether they think there are more people in this country than in China, more people in England than in South America. Demonstrate the relative population distribution by having the children pretend that their class is the whole world. Have the teacher divide the class in groups representing the following areas. For a class of 35:

4 would live in Africa
19 would live in Asia
3 would live in Eastern Europe and USSR
3 would live in Latin America
2 would live in North America
1 would live in Oceania
3 would live in Western Europe

Procedure, cont'd

2) Have the students identify their respective continents on the map.

3) Ask the class if they think all children around the world live the same way we do. List similarities and differences on the chalkboard. (Ex. housing, food, transportation.) Be sensitive to the fact that some children here in the U.S. live in less than desirable situations. Show UNICEF or other photos of children around the world. Emphasize that many, though certainly not all, children live in poor conditions. Read Descent Into Hunger. For the younger grades, you may need to read this story through and simplify some words and phrases. Ask the class how they would feel in their "new home". Would they have any problems? Would they be happy? Healthy? Could children in America live like the family described in the reading? An OPTIONAL ACTIVITY here would be to use the slide presentation called Children: Hunger and Hope. (See Resource Section under Bread for the World), or the video/film, "Child Survival Campaign for Life" available through the Campaign.

4) Next, add to your same list on the chalkboard some of the health problems that many children overseas (and some here) suffer and die from, such as hunger, stomach cramps and diarrhea from dirty water, and other diseases. Ask the students what they think could be done about these problems. Out of your class of 35, approximately 75% would come from the developing world. According to recent statistics, four children in the group of 35 would die from the effects of diarrhea.

5) Share the GOBI Strategies, and how the parents can be self-reliant. Explain that depending on a doctor is difficult because there are very few doctors. Growth monitoring (weighing) will let a mother keep close track of her young childs' growth, and will let her know if the child is getting enough to eat. Oral rehydration (salt and sugar solution), keeps children from losing too much water when they have diarrhea. Giving mother's milk is the best food for little babies, and immunizations (shots) are important to protect children from diseases. Some emphasis should be placed on the fact that these are fairly simple strategies that almost anyone could do to help. This practice of this method in the appropriate situation could save 20,000 children's lives daily. Refer to the GOBI handout for further information.

6) Help the students visualize 20,000. One cubic foot of regular M & M's has slightly more than 20,000 pieces of candy. Have a student open a bag and count the number in one bag. How many more bags would you need to buy to have 20,000 M & M's? What would it cost?

Enrichment Activities

Most likely, someone will mention donation/charity activities. This could be used as a jumping off point for a discussion of how it feels to be dependent vs. self-reliant. Sensitivity is important -- charity in itself should not be discouraged. Some children in the class may be poor and depend upon outside assistance. Define the terms dependence, charity, self reliance for the students if necessary. Discuss the differences in meaning and ask them for examples from personal experiences.

- Let students get involved by writing to an international relief and development agency like UNICEF or CARE for more information about other nations (See Resource Section).

- Arrange for a Returned Peace Corps Volunteer to speak to the class about problems and solutions in the developing world. In Atlanta, call Susan Caster at 404/753-2558. For national address, see Resource Section.

- Contact INSA for information on development education projects that link Americans directly to programs in emerging nations. INSA, The International Service Association for Health, Inc., P.O. Box 15086, Atlanta, Georgia 30333, Phone: 404/634-5748.

For Older Students

- Have students research one problem in particular (such as hunger, lack of water, sanitation) and report on efforts in development and especially those that stress self-help. A partial list of agencies that could provide information and act as resources include: CARE, INSA, SEEDS, UNICEF. (See Resource Section.)

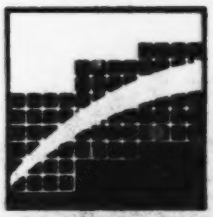
- To provide awareness of other cultures and lands, students can, singly or in groups, research one particular developing country. Discoveries about geography, climate, culture, clothes, etc. can be shared in a class session. If possible, a 'typical' meal should be served in class.

- Have students debate the issue of dependency vs. self-reliance.

- Write to Bread for the World (See Resource Section) for detailed information on how to participate in their letter writing campaign, "A Chance to Survive." They will explain the relevant issues and tell you how to write to your elected representatives.

THE "GOBI" PRESCRIPTION FOR SAVING LIVES

UNICEF's 1982/83 State of the World's Children *report identified four health actions, which, when applied in an integrated manner, can potentially cut in half the number of infants and young children dying in the developing world.*



G

Growth charts:
Much child malnutrition is caused by a failure to recognize the problem rather than from an absolute lack of food. By charting a child's growth on specially designed growth charts, a mother can detect for herself the early stages of "hidden malnutrition" and take steps to remedy it.

O

Oral rehydration:
Oral rehydration therapy (ORT) is the administration of a simple solution of sugar, salt and water to treat dehydration caused by diarrhea. The solution increases a body's ability to absorb fluids by 2500%.

B

Breast milk:
Breast milk is the best food for children in any country, but in the developing world its advantages over formula feeding can mean the difference between life and death. Hygienic, readily available and nutritionally sound, breast milk also provides infants with immunological protection.

I

Immunization:
Universal immunization for young children is now possible. UNICEF reports, thanks to the development of more portable, heat-resistant vaccines and the increased number of trained health workers. Most of the 5 million deaths each year from measles, diphtheria, tetanus, whooping cough, poliomyelitis and tuberculosis could be prevented by immunizing all children

At a time when global recession, natural disasters and political strife threaten both the quality of life in the developing world, and life itself, "GOBI" stands for the basis of new hope. It is an acronym for four low-cost health measures that can potentially save 20,000 young lives *daily* and immeasurably improve millions more. It's a four-pronged strategy to break the vicious chain of malnutrition and illness at one of its most critical links—early childhood. It refers to four relatively simple actions on which UNICEF, working with a host of government and service organizations, hopes to build a child health and survival revolution. It is short-hand for a process that is infinitely more complex in practice than on paper.

The most dramatic of these health measures is oral rehydration therapy to treat diarrhea, the single largest killer of children in the developing world. Until recently, doctors thought dehydration caused by diarrhea was treatable only by expensive intravenous feeding in hospitals. The new treatment, which has been described as the "medical breakthrough of the century," can be administered by a parent or health worker in the home for less than 10 cents per treatment.

"DESCENT INTO HUNGER"

"To begin to understand economic development, we must have a picture of the problem with which it contends. We must conjure up in our mind's eye what underdevelopment means for the two billion human beings for whom it is not a statistic but a living experience of daily life.... It is not easy to make this mental jump. But let us attempt it by imagining how a typical American family, living in a small suburban house on an income of about twenty five thousand dollars, could be transformed into an equally typical family of the under developed world.

We begin by invading the house of our imaginary American family to strip it of its furniture. Everything goes: beds, chairs, tables, television set, lamps. We will leave the family with a few old blankets, a kitchen table, a wooden chair. Along with the bureaus go the clothes. Each member of the family may keep in his "wardrobe" his oldest suit or dress, a shirt or blouse. We will permit a pair of shoes to the head of the family, but none for the wife or children.

We move into the kitchen. The appliances have already been taken out, so we turn to the cabinets and pantry. The box of matches may stay, a small bag of flour, some sugar and salt. A few moldy potatoes, already in the garbage can, must be hastily rescued, for they will provide much of tonight's meal. We will leave a handful of onions, and a dish of dried beans. All the rest we take away. The meat, the fresh vegetables, the canned goods, the crackers, the candy.

Now we have stripped the house: the bathroom has been dismantled, the running water shut off, the electric wires taken out. Next we take away the house. The family can move to the tool shed. It is crowded, but much better than the situation in Hong Kong, where a United Nations report tells us, 'it is not uncommon for a family of four or more to live in a bedspace, that is, on a bunk bed and the space it occupies - sometimes in two or three tiers - their only privacy provided by curtains'.

But we have only begun. All the other houses in the neighborhood have also been removed; our suburb has become a shantytown. Still, our family is fortunate to have a shelter; 250,000 people in Calcutta have none at all and simply live in the streets. Our family is now about on a par with the city of Cali in Columbia, where, an official of the World Bank writes, 'on one hillside alone, the slum population is estimated at 40,000 - without water, sanitation, or electric light...'

And still we have not reduced our American family to the level at which life is lived in the greatest part of the globe. Communication must go next. No more newspapers, magazines, books - not that they are missed, since we must take away our family's literacy as well. Instead, in our shantytown we will allow one radio. In India the national average of radio ownership is one per 250 people, but the majority of radios is owned by city dwellers, our allowance is fairly generous.

Now government services must go. No more postman, no more fireman. There is a school, but it is three miles away and consists of two classrooms. They are not too overcrowded since only half the children in the neighborhood go to school. There are, of course, no hospitals or doctors nearby. The nearest clinic is ten miles away and is tended by a midwife. It can be reached by bicycle, provided that the family has a bicycle, which is unlikely. Or one can go by bus - not always inside, but there is usually room on top.

Finally, money, we will allow our family a cash hoard of five dollars. This will prevent our breadwinner from experiencing the tragedy of an Iranian peasant who went blind because he could not raise the $3.94 which he mistakenly thought he needed to secure admission to a hospital where he could have been cured...."

Discussion Questions

1. Bring out some of the feelings the students will have about their new neighborhood by asking them specific questions on how the neighborhood would differ. Would there be swing sets and children playing in the yards? Cars in the driveways or on the streets? Garbage collection? Ball fields, tennis courts, swimming pools?

2. What would life be like day after day in that situation?

3. What would you miss the most in this new neighborhood?

4. How would your health be affected? (If there were no garbage collection, clean water or clinics.)

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(Written by Robert Heilbroner in THE GREAT ASCENT, Harper & Row, 1963, and reprinted from materials produced by Church World Service for the National Committee for World Food Day.)

Unit Two

Growth monitoring

Revealing hidden hunger

Weight is a vital measure of health and growth, and malnutrition coupled with infection the most fundamental cause of childhood debility, and ultimately, death. Malnutrition goes untreated because it is invisible to the untrained eye. The regular plotting of a child's weight on the chart alerts mothers and health workers to any faltering in growth, which can then be countered by extra food or medical attention.

UNIT TWO

Growth Monitoring
Focus Issue: Hunger

Description

The four GOBI strategies will be presented in individual units.

This unit discusses growth monitoring and some issues related to hunger. Some points that need to be reinforced include the concept of pockets of hunger in all nations. "We" have people who are hungry, too. It's not just someone else's problem; an African problem, or an Asian problem. Problem solving strategies play an important part in this lesson. A cautionary note: there may be hungry children in your classroom too, but not all children who appear thin are necessarily malnourished.

Related Subjects: Math (division and graphing skills) Language Arts, Nutrition.

Objectives: At the end of this lesson, the students will be able to:

1) Describe problems with inequality of food distribution.
2) Explain necessity for growth monitoring.
3) Illustrate use of road-to-health chart or arm circumference band.
4) Identify methods to increase weight in hungry children.

Materials: Road-to-Health Chart and Growth Monitoring Activity (with option of weighted dolls and simple scales); and/or Arm Circumference Band Pattern. Handout on Hidden Hunger for Older Students.

Procedure:

1) As way of introducing topic, begin discussion on how babies grow into children and what makes kids bigger.
2) When the topic of food (and its role in a child's development) has been raised, involve the children in the following activity Divide them into "continental groups" (with a class of 35 as an illustration).

Continents	No. of Students	No. of Peanuts
Asia	19	5
Africa	4	1
E. Europe and USSR	3	5
Latin America	3	2
Western Europe	3	14
North America	2	11
Oceania	1	2

Distribute indicated number of peanuts per group. Ask students not to eat them until told to. Encourage them to talk about how they feel about this initial distribution. Do they come up with any alternative solutions?

Procedure, con't.

3) Ask the students to observe that there were actually more peanuts than there were students. Likewise, there is more than enough food to feed everyone in the world. While not all in other countries are hungry, some areas have less than other areas.

4) Discuss with the students what they think could happen to the children living in areas where there isn't a lot of food available. How strong will these children be? Will they be healthy, etc.? What could the parents do to enable their young children to grow up healthier? About one in 10 infants in the developing countries dies before their first birthday.

5a) First Option: Show scale and explain concept of growth monitoring. Pass around road-to-health charts, being sure students understand concept of "the older a child the more she/he should weigh" Hand out the growth monitoring activity and have the students complete the charting exercise. If you use the optional weighted dolls, let the students weigh the dolls as part of the growth monitoring activity.

It should be mentioned to the students that sometimes it is hard to tell that a young child doesn't have enough to eat until they get very skinny and sick. Growth monitoring will prevent this.

5b) Second Option: You may choose to make arm circumference bands with your younger students. Follow the pattern at the end of this section; it is already made to scale. Students can measure around their fingers or wrists to get an idea of a "well-nourished" vs. "malnourished" baby.

6) If time permits, brainstorm with the class as to the best strategies to increase quality food intake for the 'babies', eg., more food, more often giving mothers milk. Emphasize the difference between getting enough calories to merely maintain life and getting the right kinds of food. Another topic for brainstorming could be what types of food would be best for young children.

Malnutrition:	happens when the body doesn't receive enough of the kind of food necessary for growth and good health.
Undernutrition:	happens when the body doesn't receive enough of any kind of food.

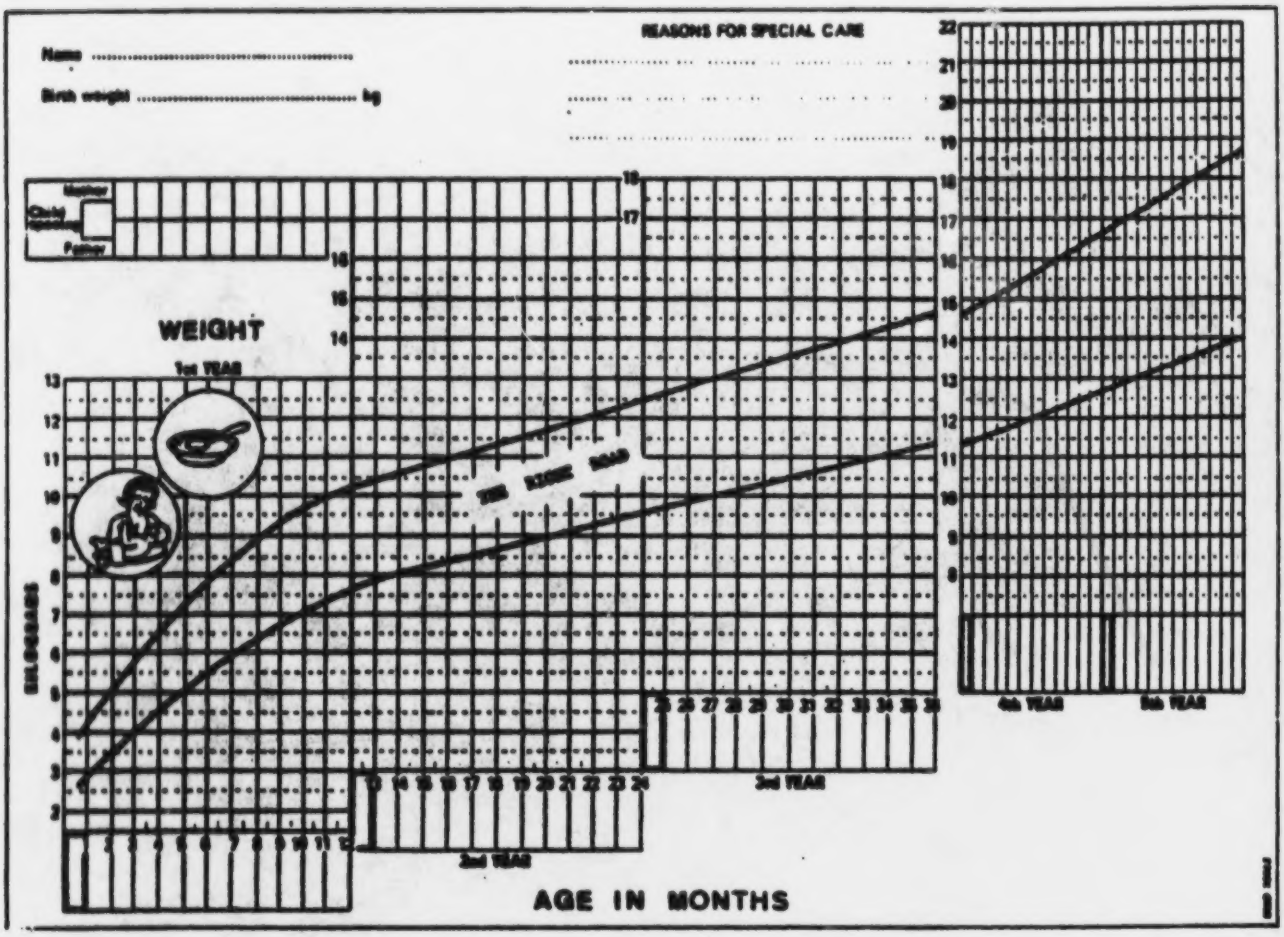
Enrichment Activities

- Have a fundraiser, giving money to groups that work with hungry children like CARE 404/763-0255, UNICEF 404/233-9429, or your church's hunger relief efforts. (See Resource Section).
- Have the class cook and deliver meals to shelters for the homeless. Call United Way Help Line in Atlanta at 404/522-7370 for information.
- The class can write and produce a play dealing with hunger and its solutions. Suggested audiences: other classes in the school, PTA, civic groups, etc. Again, any funds collected can be donated.
- Get involved with the Local Food Bank. In Atlanta call 892-9822.
- For a more in-depth study of hunger, contact INSA at 404/634-5748 to receive a copy of "Teaching About Developing Nations: The Role of Food and Hunger" or send $6.00 to INSA, P.O. Box 15086, Atlanta, Georgia 30333.
- Have the class subscribe to SEEDS Magazine. (See Resource Section.)

Older Grades

- Let the students write an essay on what it is like to feel hungry. This may be more effective for those that volunteer to go on a one-day fast.
- For schools with video equipment, let students produce "anti-hunger" ads. The students themselves can try to arrange air time on the local educational TV station or local network stations.
  Call Prime Cable, Atlanta's public access television station, about airing your ads. Vernon Ballard, 404/971-0197, 1018 West Peachtree Street, N.W., Atlanta, Georgia 30309.

ROAD TO HEALTH CHART HANDOUT TO ACCOMPANY GROWTH MONITORING ACTIVITY



Road to Health charts are important. They help mothers know when their children need more nutritious food and special attention. They help health workers better understand the needs of the child and his family. They also let the mother know when she is doing a good job.

GROWTH MONITORING ACTIVITY

The following exercise is designed to give older students the opportunity to actually use a simple growth chart. Reproduce the chart and hand out to students with the following information:

You are to graph the weights of the following three children on the growth chart. Each child was born on the same day, in the same year, in three different developing nations.

****

JUAN	AGE	WEIGHT	SITUATION
	2 mos	4 kg	breastfeeding
	4 mos	4.5 kg	breastfeeding
	6 mos	5 kg	starts solid foods
	8 mos	5.5 kg	eating mainly rice; stops breastfeeding
	10 mos	5.5 kg	father lost job; less money for food
	12 mos	6 kg	family lacks protein; no meat or eggs
	14 mos	6 kg	Juan gets measles
	15 mos	6 kg	Juan dies

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YUNG	AGE	WEIGHT	SITUATION
	2 mos	4 kg	breastfeeding
	4 mos	5.5 kg	breastfeeding
	6 mos	6 kg	continues breastfeeding; egg and mashed banana added to Yung's diet
	8 mos	7 kg	breastfeeding; add grains and additional fruits
	10 mos	6.5 kg	diarrhea; mother gives breast milk and oral rehydration therapy
	12 mos	7.5 kg	Yung fed more often with variety of foods
	14 mos	8.5 kg	including meat, green vegetables, fruit,
	16 mos	9 kg	eggs, grain and milk

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DANJOUMA	AGE	WEIGHT	SITUATION
	2 mos	4 kg	breastfeeding
	4 mos	5 kg	mother wants to be more modern; switches to formula mixed with local unclean water
	6 mos	5 kg	several bouts of severe diarrhea; mother concerned
	8 mos	6 kg	health worker helps mother learn to boil water for formula and teaches use of ORT for diarrhea; nourishing food given despite bouts of diarrhea
	10 mos	7 kg	Danjouma grows stronger
	12 mos	6.5 kg	diarrhea treated with ORT and additional food
	14 mos	7.5	Danjouma gains weight, begins to thrive
	16 mos	8 kg	grows rapidly; mother feeds vegetables, fruits, fish, meat and eggs; growth is normal

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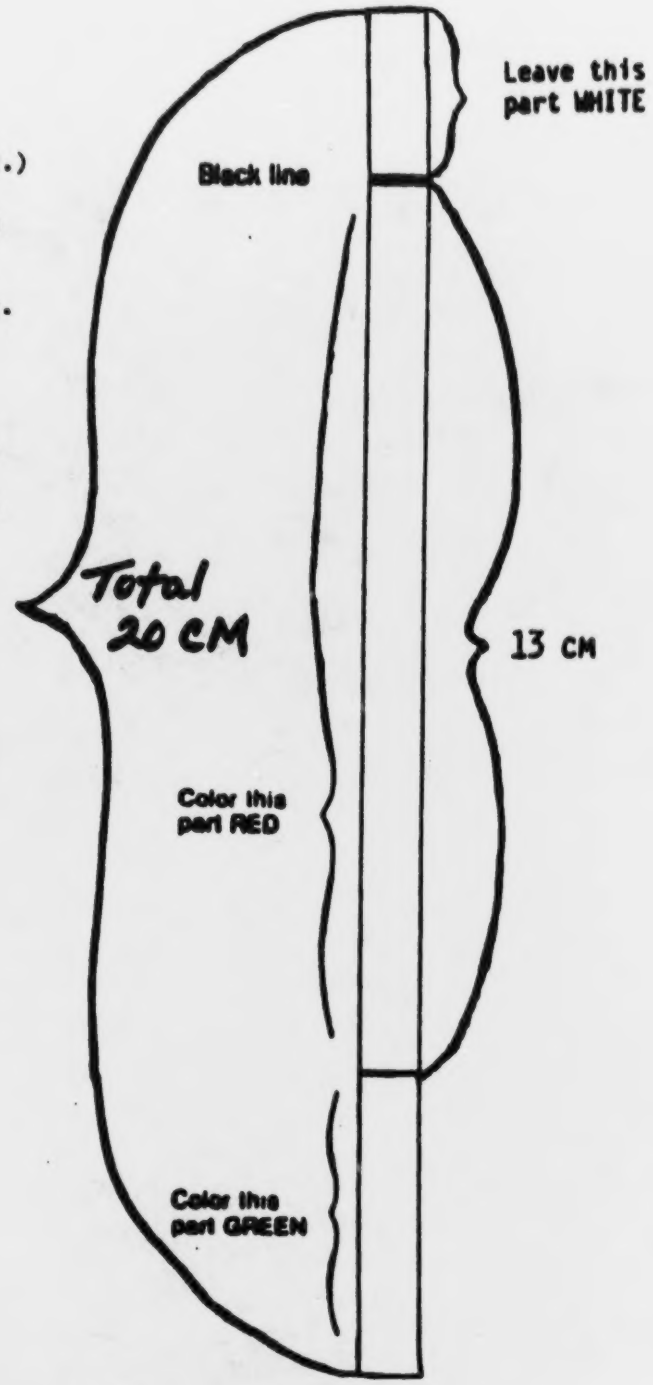
ARM CIRCUMFERENCE BAND PATTERN

An inexpensive way to become involved is to make arm circumference bands for use in INSA's projects around the world. Mail them to INSA at P.O. BOX 15086, Atlanta, GA 30333

DIRECTIONS: Use the pattern at right to make arm circumference bands.

CUT basic 20 cm strip from sturdy, pliable plastic material, white or clear. (Plastic window shades or laminated paper can be used.)

COLOR with permanent ink marking pens. This pattern measures exactly the centimeters needed for uniform measuring bands; please follow the exact measurements on the drawing.



HOW THE BANDS WILL BE USED

When babies are about one year old they have quite a lot of fat under the skin of their arms. When they are five years old there is much less fat and more muscle. But the difference around the upper arm (the cirucmference) remains almost the same between the ages of one and five years). If a child is malnourished, the circumference is reduced. By measuring the middle of the upper arm of children above the age of one year, using one of these arm circumference bands, one can find out whether a child is malnourished or not.

If a child measures in the GREEN, he is well nourished.

If in the RED, the child is too thin.

INSA includes these bands in the health bags of its community health workers in Haiti and India.

(Adapted from Finding the Causes of Child Malnutrition by Judith E. and Richard C. Brown, Task Force on World Hunger, Atlanta, Ga., 1979.)

HIDDEN HUNGER

From: NGO Forum
March 1983
An NGO/UNICEF
Newsletter

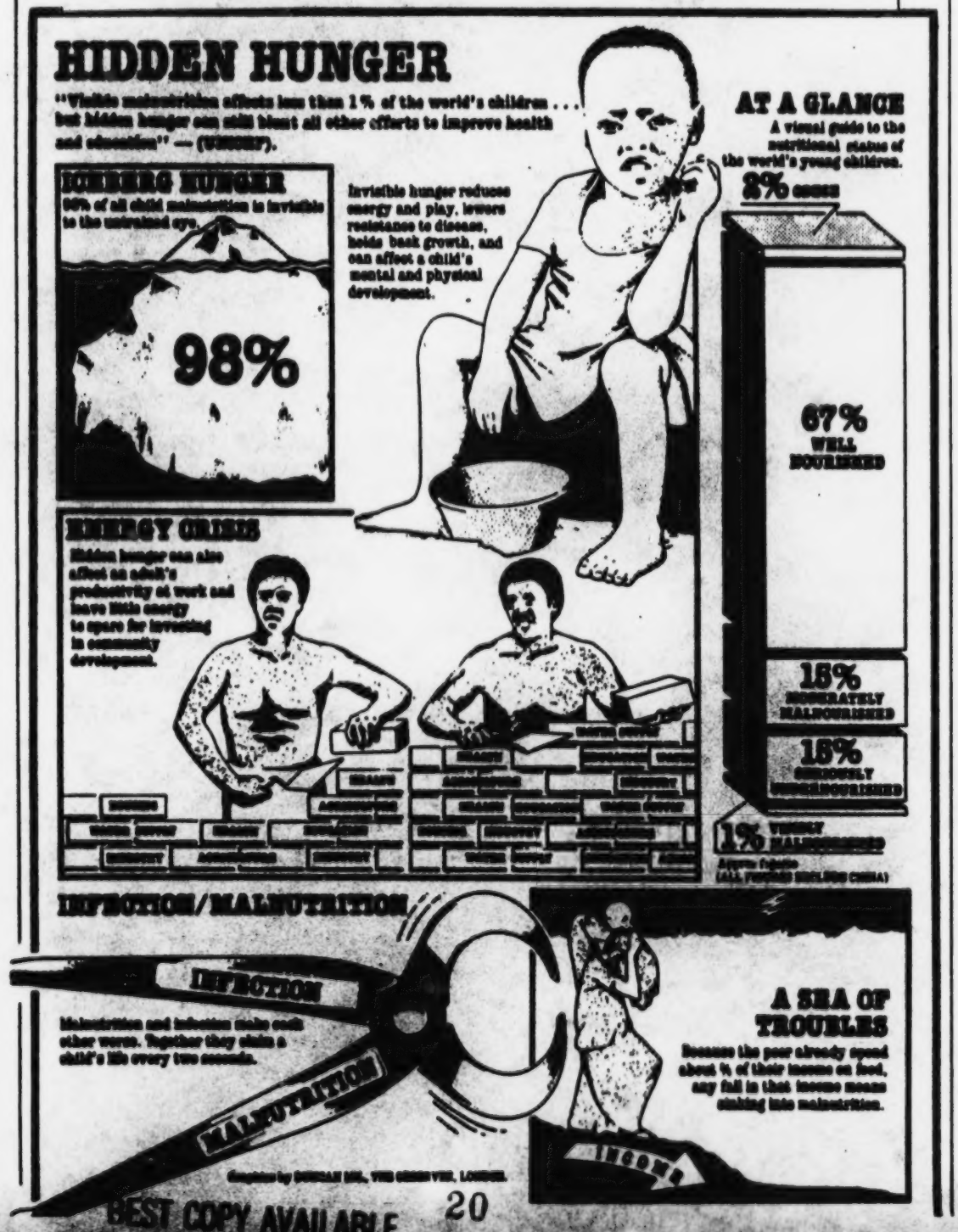
Malnutrition kills more children than any war, earthquake, flood or other dramatic disaster ever did. It is children's most vicious enemy, stalking them daily, and secretly.

Photos of gaunt children suffering from famine arouse our horror and compassion, but falsify the main problem and conceal its magnitude—because most malnutrition is invisible.

Hunger that is hidden is still lethal. A child's first reaction to inadequate food is reduction of energy in regard to both study and play, and both are essential to a child's development.

The apathy and reduced activity of a malnourished child reduces interaction with the environment, depriving the child of stimulating experiences and learning opportunities. Undernourished children fall far behind their contemporaries in language development and other skills, even if they do not become visibly ill ... or dead.

What is particularly ghastly about this relentless slaughterer is that its victims are increasing yearly. If present trends continue, the United Nations Food and Agricultural Organization (FAO) estimates that by the year 2000 there will be an increase in the numbers of seriously malnourished to more than 600 million.


HIDDEN HUNGER
"Visible malnutrition affects less than 1% of the world's children ... but hidden hunger can still blunt all other efforts to improve health and education" — (UNICEF).
ICEBERG HUNGER
98% of all child malnutrition is invisible to the untrained eye.
98%
Invisible hunger reduces energy and play, lowers resistance to disease, holds back growth, and can affect a child's mental and physical development.
AT A GLANCE
A visual guide to the nutritional status of the world's young children.
3% OBESE
67% WELL NOURISHED
15% MODERATELY MALNOURISHED
15% SERIOUSLY UNDERNOURISHED
1% VISIBLY MALNOURISHED
ENERGY CRISIS
Hidden hunger can also affect an adult's productivity at work and leave little energy to spare for investing in community development.
INFECTION/MALNUTRITION
INFECTION
MALNUTRITION
Malnutrition and infection make each other worse. Together they claim a child's life every two seconds.
A SEA OF TROUBLES
Because the poor already spend about ¾ of their income on food, any fall in that income means sinking into malnutrition.
INCOME

BEST COPY AVAILABLE

Unit Three

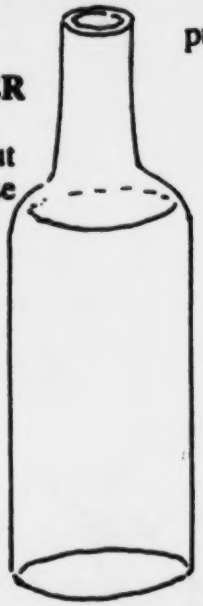
Oral rehydration

The home treatment

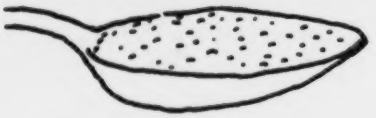
It is the home treatment, which is just as effective as the pre-packaged ORS mix, that needs to be more intensively promoted, since it costs nothing and doesn't require establishing manufacturing, packaging and distribution networks. In any event, the world production of ORS (about 100 million packets a year) can treat only about 5% of childhood diarrhoea episodes.

REHYDRATION DRINK – TO PREVENT AND TREAT DEHYDRATION

In 1 litre of **WATER** (better if boiled, but do not lose time)



put 2 level tablespoons of **SUGAR** or honey



and ¼ teaspoon **SALT**

and

¼ teaspoon **BAKING SODA** (bicarbonate of soda).

If you do not have soda, use another ¼ teaspoon salt.

CAUTION

Before giving the Drink, taste it and be sure it is no more salty than tears.

If available, add half a cup of orange juice or coconut water or a little mashed ripe banana to the Drink.

UNIT THREE

Oral Rehydration Therapy (ORT)
Focus Issue: Diarrhea/Unsafe Water

Description

This lesson will take the class from the root problem of unsafe water to the outcome--diarrhea/diseases, to a solution--(ORT) Oral Rehydration Therapy. As with the other sessions, the positive aspects of what parents can do should be emphasized.

Related Subjects: Science, Art, Language Arts.

Objectives: At the end of this lesson, the students will be able to:

1) Identify the link between "dirty water" diseases and diarrhea.
2) Explain the link between diarrhea, dehydration and death.
3) Describe the need for fluid replacement.
4) Demonstrate the ability to correctly make ORT.

Materials: A clean pail, ladle, an 8 oz. glass and teaspoon for each student, a supply of drinking water, sugar and salt, zip-lock bag, and pattern, 5 water samples of various quality, food coloring, UNICEF photos, prepackaged ORT salts available from UNICEF or CARE, optional handout on ORT.

Procedure:

1) Start by displaying 5 water samples to the children. One should be obviously muddy, one with particles floating in it, one colored with food dye, and two that are apparently clear. Assume that one "clear" sample is actually contaminated.

2) Engage the children in a discussion of which type of water they would choose if they were thirsty. Examine why some samples were unacceptable. Ask the children what difference they thought there was between the two clear samples.

3) Ask the students if they know what makes one sample 'good' vs. 'bad'. A brief explanation may be needed about treated water being clean (like the kind they can get from faucets). Water that is not treated like water from a pond or river, may have germs that can make one sick, and give one diarrhea.

4) Explain that there are many causes of diarrhea, and that everybody gets it sometime or another. Explore with them how they felt when they had diarrhea. What did they have to do (eg. drink fluids, take medicine)? Why?

Procedure, con't.

5) Demonstrate the effects of severe diarrhea on little children by tracing a child's outline on a large ziplock bag (pattern follows). Put a small drainage hole in the bottom of the bag. When filled with water, it will represent a healthy child. When the bag drains, the picture of the child will shrivel, giving a good approximation of the actual effects of severe dehydration. Ask the students what they think will happen when there is no more water in the bag/child. Ask them what do they think would help? For a visual demonstration, keep refilling the bag with water as it is draining. Explain that as long as liquids are replaced, the diarrhea, after a while, usually stops.

6) Help the students make a 'special drink' for treating diarrhea according to the following recipe, or distribute handout.

   1 glass water (about 8 oz.)
   1/4 teaspoon salt (just a little at the end of a spoon)
   1 level teaspoon sugar

   Have them mix in the salt first and taste the water; the mixture should be no saltier than tears. (Optional but recommended - add food coloring and tell them that they have now made a drink like Gatorade.) Let them drink it. Show them pre-packaged ORT salts.

   It should be noted that the U.S., Canada and Europe have few babies dying from diarrhea because we have treated water. Some UNICEF photos of people using waterholes and streams as their water source may serve to illustrate the problem.

Enrichment Activities

- Have students make a collage as a group which expresses their understanding of, and feelings about water. The collage itself can be used as a kick-off point for further discussion.

- Fundraisers may be included with the theme of "15 cents", the approximate cost of one packet of ORT as supplied by UNICEF. Items could be sold for 15 cents or its multiples. A sign could tell how many ORT treatments each item is worth.

- As a project to increase awareness of some problems with water worldwide, have students go home and try to live, for one day, on six liters (1 1/2 gallons) of water. This must be used for <u>all</u> their needs, including cooking, bathing, and dishwashing. Have students share their experiences.

- The Peace Corps works with water projects all over the world. Invite a returned Peace Corps Volunteer involved in one of these projects, to speak to the class. (See Resource Section).

- Visit a local water treatment plant. Let children see how water is made safe for drinking in their home community.

- Make hand puppets to teach Indian villagers about oral rehydration therapy. Young people ages 10 and older can participate in a puppet-making workshop sponsored by INSA and the Atlanta Center for Puppetry Arts. Call Dave Carter at 873-3089 and schedule an INSA puppet workshop for your class. INSA will provide you with the details and the script. Perform the play for your families and classmates. At the completion of your puppet workshop, INSA will give you instructions on how to mail your set of puppets directly to Indian village health workers. It is possible to make special arrangements for out of-town workshops by contacting INSA or Dave Carter. (See Resource Section.)

For Older Students

- Have students research various ways water may be made fit to drink (filtration, chlorination, boiling, sedimentation, distillation). Have them demonstrate in class, along with descriptions of how effective they are.

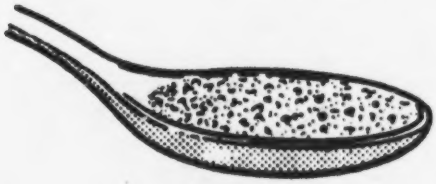
- Borrow film <u>Journey for Survival</u> from UNICEF. (See Resource Section.)

- Using the pattern supplied by INSA in this guide, have each student trace the outline of the baby on a sturdy ziplock bag. After the class demonstration, these may be mailed to INSA for distribution to health workers in India or Haiti.

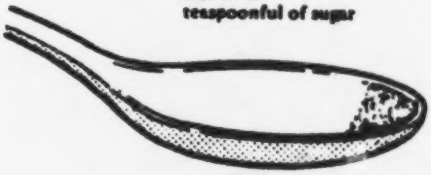
INSA Development Education Project
P. O. BOX 18086
ATLANTA, GEORGIA 30333
PHONE 404-634-5748

ORT: Oral Rehydration Therapy Solution

MIX: SUGAR + SALT + WATER



one level
teaspoonful of sugar



SALT

\+ a little salt
at the end of a spoon

OR a scoop of sugar

\+ a 3-finger pinch of salt

in a glass
of water about
this size

\+ one glass of water

Show the children the size of the spoon to use, the size of the glass.

Make the mixture in the glass and taste it.

Have the pupils make a glassful and taste it themselves.

The 'medicine' will not work unless you use the right amounts. Always taste the solution. It should not taste more salty than tears; if it does throw it away and mix it again.

Unit Four

Breast-feeding

Reducing infant mortality

Breast-milk is the ideal infant food, being nutritious, safe, and inexpensive, and providing immunity against many infections. In the developing world, infants introduced to bottle-feeding in their early months are 5 to 10 times more likely to die in the next 6 months than those breast-fed for longer than 6 months.

UNIT FOUR

Breast-feeding
Focus Issue: Reducing Infant Mortality

Description

This unit will attempt, in a sensitive way, to demonstrate the positive aspects of breast-feeding, while avoiding the connotation that only poor people breast-feed, or need to. This lesson also seeks to avoid casting in a negative way, those mothers who choose not to breast-feed. Positive reasons for giving babies 'mother's milk' as well as disadvantages to bottle-feeding in developing countries will be discussed. Breast-fed infants in developing nations have much higher survival rates during their first six months of life.

Related Subjects: Science, Nutrition, Health

Objectives: At the end of this session, the students will be able to:

1) Describe at least two advantages of feeding babies mother's milk.
2) Describe some disadvantages to bottle-feeding in developing countries.
3) Identify significant differences between survival rates of breast and bottle-fed infants.

Materials: Dairy Council pictures or other photos of mammals sucking. Include photos of breast and bottle feeding. Two handouts on breast-feeding for teacher. (Dairy and Food Nutrition Council of the Southeast, 5825 Glenridge Dr., Building 1, Suite 108 Atlanta, GA 30328, Phone:(404)252-8562.)

Procedure:

1) Review with students some characteristics of mammals. Ask if various animals are mammals? Are humans?

2a) FIRST OPTION: Show pictures of animals suckling. Ask children what the animals are doing. This can begin a discussion on certain types of milk for certain animals. Do pigs drink dog's milk, etc.?

2b) SECOND OPTION: for older students. Omit animal pictures. Have the class as a group list the advantages/disadvantages of breast-feeding and the advantages/disadvantages of bottle feeding on the board. Ask them which advantages of bottle-feeding might not be present in the developing world, which disadvantages of breast-feeding might not apply, and so forth. Class can be engaged in a discussion of why mothers in other countries would choose to bottle-feed; why mothers here choose bottle-feeding. Explore similarities and differences.

3) Ask what human babies drink. Explore with students the changes that need to be made for cow's milk to be used by babies. In much of the developing world, goat's milk is used in place of cow's milk. What good properties do they think human milk has? What are some reasons mothers would give their milk to babies? The concept of antibodies can be explored. The advantages can be listed on the board.

Enrichment Activities

- Have children research various animals and how they feed their young.
- Research an infant's food needs from birth to two years of age, and share results with class.
- Make a chart or poster that represents a baby's growth in the first two years.
- Use popular magazines and cut out pictures of babies, mothers, baby food and formula. Do you find many pictures of babies breast-feeding? Drinking from bottles? Put them together in a collage.

For Older Students

- Let students interview a new mother who breast-feeds her baby. Why did she choose to do so? La Leche League members encourage breast-feeding. There may be a chapter in your home town.

- Research a woman's food and nutrition needs during breast-feeding. Are they different from when she is not pregnant or breast-feeding? Explain the differences.

- Talk with a pediatrician, internist or an allergist about the immunization properties of breast-milk. What common ailments are prevented? For what period of time? What substances are passed on through a mothers milk? What dietary restrictions might be placed on a nursing mother?

22

BREAST v BOTTLE

In the developing world, breast-fed babies grow better and are more likely to survive. But bottle-feeding is on the increase — putting millions of infants at risk. (UNICEF)

THE ADVANTAGES OF MOTHER'S MILK

BETTER NUTRITION

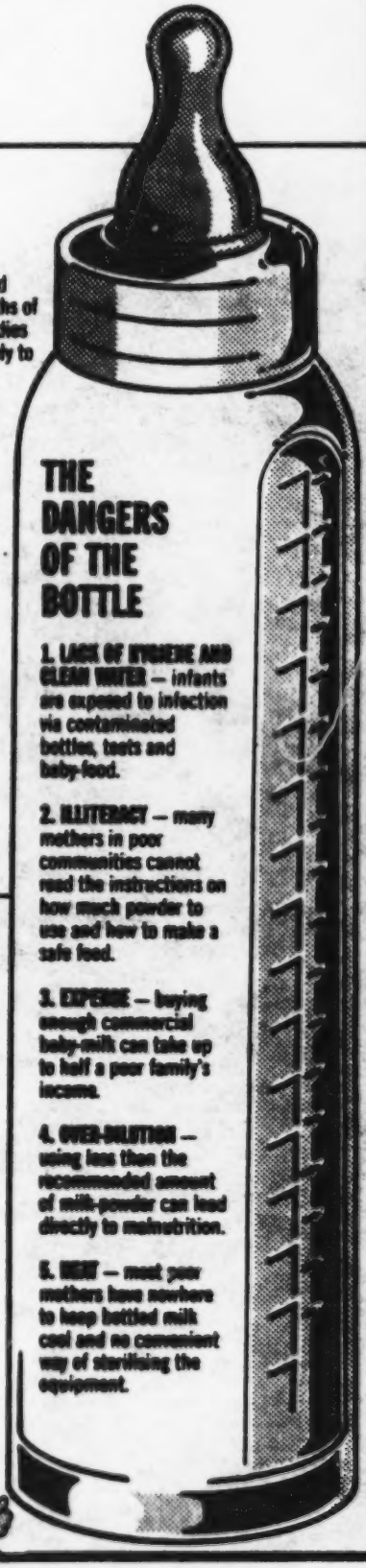
Breast-milk has all the proteins, vitamins and minerals a baby needs for the first few months of life. Even among malnourished mothers, studies show that breast-fed babies are twice as likely to achieve normal weight for age.

LESS INFECTION

Mother's milk also immunizes the infant against common ailments — reducing by as much as 50% the risk of diarrhoea and respiratory illness.

NATURAL CONTRACEPTION

Although not a reliable method, breast-feeding has a powerful contraceptive effect. In many countries, it is the most important factor in preventing another pregnancy in the first year after giving birth.



THE DANGERS OF THE BOTTLE

1. LACK OF HYGIENE AND CLEAN WATER — infants are exposed to infection via contaminated bottles, teats and baby-food.

2. ILLITERACY — many mothers in poor communities cannot read the instructions on how much powder to use and how to make a safe feed.

3. EXPENSE — buying enough commercial baby-milk can take up to half a poor family's income.

4. OVER-DILUTION — using less than the recommended amount of milk-powder can lead directly to malnutrition.

5. HEAT — most poor mothers have nowhere to keep bottled milk cool and no convenient way of sterilising the equipment.

BREAST BEST IN WEST

Information about breast-milk's superiority has led to a change back to breast-feeding in the rich world:

BREAST-FED FROM BIRTH IN THE USA:

1973 — 26%
1980 — 54%

BREAST-FED AT TWO MONTHS OF AGE IN SCANDINAVIA:

1970 — 35%
1980s — 75%

A CODE TO PROTECT INFANTS

In 1981, the World Health Assembly adopted an "International Code of Marketing" to help stop the irresponsible promotion of breast-milk substitutes.

THE ACTION SO FAR:

33 Governments have banned all advertising of breast-milk substitutes to the public.

17 Countries are running mass media campaigns to promote the advantages of breast-milk.

18 Countries have brought in national 'Codes' to regulate the marketing of powdered milk and 34 countries are now drafting legislation.

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The West: a return to breast-feeding

Until two generations ago, almost all human infants were breast-fed. Even as late as 1911, two-thirds of America's one-year-olds were still being fed on breast-milk. But by 1973, only a quarter of American infants were breast-fed from birth, and only 10% beyond three months.

Europe soon followed. In Sweden, the proportion of infants exclusively breast-fed at two months dropped from 85% in 1944 to 35% in 1970. In the Netherlands, the 1975 figure for exclusively breast-fed infants (at three months) was only 11%.

The driving force behind this change was modernization. More women began working, and many saw the bottle as a symbol of their liberation. In response, infant-formula companies brought new products onto the market and began advertising them. And in an age which was almost unreservedly enthusiastic about all things modern and 'scientific', the infant formulas appealed to a growing sense of sophistication both in parents and in the medical profession. As more babies were born in hospitals, the emphasis on strict hygiene and spotless order made breast-feeding seem messy or 'unclean'. Most babies were seperated from their mothers at birth in the interests of hospital efficiency, and they were fed on schedule rather than on demand.

But in the last decade, breast-feeding has staged a remarkable come-back in the Western world. In Norway, Finland and Sweden, for example, 95% of babies are now breast-fed from birth. In the United States, the proportion of mothers who begin breast-feeding their babies has more than doubled between 1973 and 1980. In the Federal Republic of Germany, almost 70% of babies are still breast-fed at two months.

The trend back to breast-feeding – like the earlier trend away from it – has been led by better-educated mothers. A 1980 survey in the United States, for example, showed that almost 70% of graduate mothers breast-fed their children as opposed to only 25% of mothers with nine or less years of schooling.

What caused the return to breast-feeding in the Western world?

First of all, a conviction about breast-milk's natural superiority led groups of women to start up organizations to support breast-feeding mothers – the La Leche League in America, Ammehjelpen in Norway, the Nursing Mothers Association in Australia.

At the same time, modern technologies were coming to be looked at more critically and respect was beginning to grow again for the natural world. In the 1970s, scientific research reinforced this trend by discovering a great deal about the nutritional, immunological and emotional advantages of breast-feeding. Soon the medical profession and governments began to take notice. Sweden set up a breast-feeding task-force at ministerial level. The United States government, in 1984, has "set the promotion of breast-feeding as a principal canon of United States health policy" – with the aim of raising to 75% the proportion of babies who are breast-fed from birth.

In the developing world, there are now signs of a similar drift away from breast-feeding – again led by the more modern and urban mothers. But poor mothers rarely earn the income needed to buy enough milk powder, and lack not only the clean water to mix it with but the equipment to sterilize bottles and the literacy to read the detailed instructions. A large-scale move away from breast-feeding in the poor world would literally mean the deaths and malnutrition of many millions more infants.

The rapid spread of information on – and support for – breast-feeding is therefore essential if the Third World is to avoid the trap and take less time than the West to realize that breast-milk is the best the world can offer its infants.

HANDOUT FOR TEACHERS FROM THE STATE OF THE WORLD'S CHILDREN, 1985, UNICEF, NEW YORK.

Unit Five

Immunization

Breaking the cycle

One of the quickest, least expensive ways to break the vicious cycle of malnutrition and infection is through immunization against the six most common infectious childhood diseases which directly claim five million lives a year and prepare the way for many more.

UNIT FIVE

Immunization

Focus Issue: Vaccine Preventable Diseases

Description

In this session, students will be made aware of the necessity for immunizations, as well as problems in vaccine administration and distribution. Complications related to malnutrition and disease will also be brought out.

Related Subjects: Social Studies, Science, Art

Objectives: At the end of this lesson, the students will be able to:

1) List problems with vaccine distribution and administration in many parts of the world.
2) Explain the benefits of immunizations.
3) Describe complications related to disease and malnutrition.

Materials: A supply of styrofoam cups, cotton balls, cloth scraps and ice cubes. UNICEF posters (map), Immunization Handout.

Procedure:

1) First thing in the morning, have students construct an 'ice box' to try and insulate one ice cube. Explain that whomever is left with the largest ice cube, wins. Label with names.
2) Begin this lesson several hours after the first activity. First, check to see which ice cube was least melted. Explore the difficulties of insulation with the students. Tell them you will come back to that point in a few minutes.
3) Explore the concept of 'shots'. What are they? Has everyone had shots? Why is there a rule 'no immunizations, no school'? What do they do for children? Are they important? Does anyone know how the medicines in the shots are stored? What are the diseases against which children here are immunized? (Polio, measles, mumps, rubella, diptheria, tetanus, pertussis).
4) Explore necessity for refrigeration from laboratory to child. Ask what can happen to vaccines if children live in areas where there are no refrigerators or electricity. Is it easy to keep things cold without a refrigerator?
5) Ask students what they think would happen to children who were already hungry or had severe diarrhea if they caught something like measles or polio? How important is it to immunize these children? What if their parents can't afford to take them to a health worker to be immunized? What would they do if they were in charge of a vaccine program? (Prompt children to consider preserving the vaccine, supplying people who will administer it, transporting people and supplies and advertising their vaccination program.)

6) Read the story of how Colombia handled its immunization program. (Note: this article was not written for children. You may need to edit it for your class.)

7) Explain that many children around the world are also learning about the four interventions to save children's lives as part of the Child Survival Campaign. (See Resource Section under Campaign for Child Survival for sources of further information.)

8) For older students, ice box activity may be omitted. Ask students to break into smaller groups and have each group brainstorm how they would run an immunization campaign in various developing countries. Keep in mind supply, preservation, administration, transportation and promotion of vaccine program to the public. If students' results depend upon American or other aid, this activity can be used as a kick-off to issues of dependency vs. self-reliance.

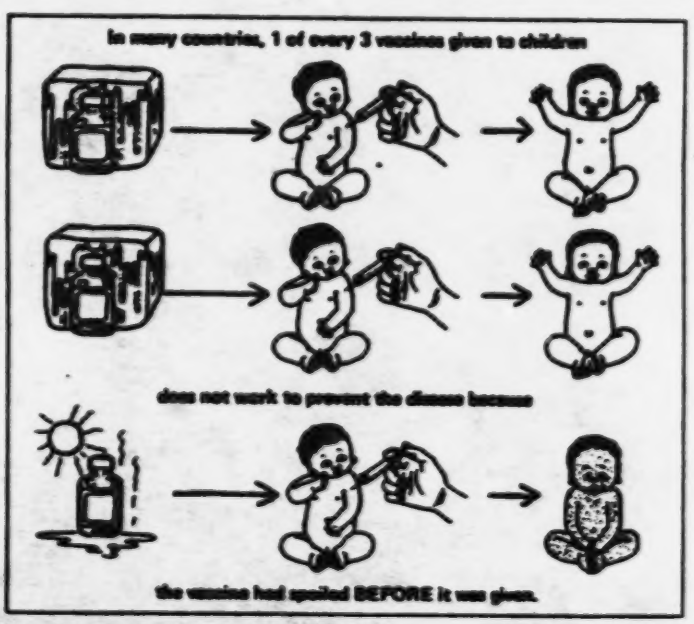
Enrichment Activities

- Have children go home and check on which immunizations they have already received. Have them check on siblings' immunizations, too.
- Have the class design posters for an immunization campaign.

For Older Students

- Have them find out what immunizations are required for their school system. They may then research the diseases they are being protected from and the harmful effects of those diseases.

- Visit the local health center for a tour of the facilities and a talk about immunizations. If this is not possible, invite a public health nurse to visit the class.


In many countries, 1 of every 3 vaccines given to children
does not work to prevent the disease because
the vaccine had spoiled BEFORE it was given.

Colombia: immunizing 800,000

In the last few months, Colombia has immunized three-quarters of its young children against five major diseases in a massive campaign spread over three National Vaccination Days.

The campaign was the opening shot in the child survival revolution launched by Colombia's President Betancur earlier this year. Citing oral rehydration therapy, breast-feeding, growth monitoring and immunization, the President announced to the nation -

"Thousands of children still die whose lives could be saved by very simple measures. I propose to all of you to take the decision to reduce infant mortality by half in the near future - thus avoiding the loss of 50,000 children a year."

At 8 a.m. on the morning of June 23rd, the President immunized the first child in the Presidential Palace in Bogotá. By 7 p.m. that evening, over 800,000 children had been vaccinated against measles, polio, diphtheria, tetanus, and whooping cough. And the turn-out increased with each vaccination day. In the process, the campaign also achieved its second major objective - strengthening the immunization system itself.

To achieve this result, over 120,000 volunteers were mobilized and over 10,000 vaccination posts were set up in schools, parks, town halls, market places and health clinics. General-election style, the results were broadcast every two hours over 90 radio stations. At the immunization sites themselves, candy stalls, music groups, and fireworks provided a carnival atmosphere.

As in most countries of the developing world, Colombia's health services do not yet have the outreach to either create or meet a nation-wide demand for immunization. To overcome this problem, every conceivable organization in the country was asked to lend its resources to the campaign.

To create the demand, the country's biggest daily newspaper, *El Tiempo*, joined forces with the national broadcasting network Caracol to inform all parents about the three National Vaccination Days. On April 6th the campaign mascot - a cartoon character called Pitín, symbolizing the healthy Colombian child - was born in the pages of *El Tiempo* and was soon adopted by 20 other newspapers. One of the country's largest private banks, the Banco del Estado, distributed many thousands of calendars showing the figure of Pitín next to the dates of the National Vaccination Days - June 23rd, July 28th and August 25th.

On the vaccination days themselves, popular entertainers broadcast hourly calls to immunization on the Caracol radio network - reaching an estimated 10 million mothers. Organizations from the the Boy Scouts to the Street Vendors Association reached out to their own constituencies. In the *barrios* of Bogotá, touring puppet theatres played dramas with immunization themes.

On each Sunday before the National Vaccination Days, priests in most of Colombia's 2,280 parishes gave sermons about child health and the importance of having children immunized. The Ministry of Education called on its 200,000 teachers to promote the campaign and the Ministry of the Interior requested all governors and the mayors of 950 municipalities to take the lead in local campaigns.

To ensure supply, the health services enlisted the support of the Colombian Red Cross Society, which trained more than 13,000 of its members to be vaccinators and fielded another 16,000 volunteers to help with organization and record-keeping. The United Nations Development Programme, WHO, and UNICEF provided the vaccines and syringes and helped maintain the 'cold chain'. Over 500 police and army medics joined the campaign and the Ministry of Defence made planes and helicopters available to get vaccines to remote immunization centres in all corners of the country.

Every parent bringing a child for immunization has been given a growth chart with the child's immunization record - plus advice on breast-feeding, nutrition, and the treatment of diarrhoeal illness.

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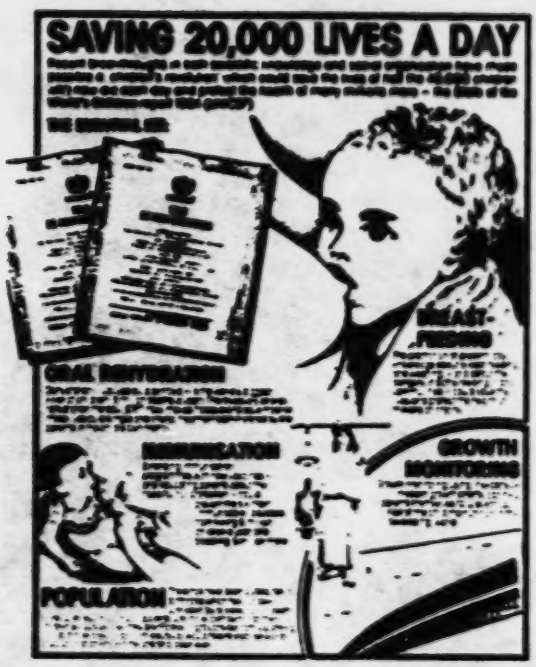
REMEMBER THE ACRONYM **GOBI**.
IT STANDS FOR CHILD SURVIVAL.

Unit Six
Resources



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CLOSURE AND EVALUATION ACTIVITIES FOR THE FIVE DAY CURRICULUM

- Prepare a public display on Child Survival and the GOBI method by putting up a library display, holding an art show, or by decorating a bulletin board with Child Survival Campaign information.
- If your class participates in the puppet project, put the play on at a school-wide assembly. (See enrichment activities, Unit 3, ORT)
- Present your class-written play on hunger and its solutions (see enrichment activities, Unit 2, Growth Monitoring)
- Write a play on GOBI and present it to other students.
- Follow the suggestions on the handout, DO SOMETHING!

DO SOMETHING!
"Children can't stand still and wait"
SPREAD THE WORD
ABOUT THE SILENT EMERGENCY
Write to political representatives and elected officials
Poster and essay contests
Investigate available services for young people
Plays
Work with various community groups, volunteer in community projects
Sponsor fund-raising activities Walk, bike, read-a-thons, car washes, bake sales, talent shows, hire a kid, etc.
SALE
GET INVOLVED
Write letters to the editor
Invite informed speakers to your group meetings
Join in the efforts of organizations already trying to improve the status of children
Discuss issues in different clubs, classes, meetings of religious groups

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KEY

EVALUATION

Note: This test is designed to be administered as a pre-test prior to instruction (items 1-15) It can be readministered as a post-test by adding items 16-22.

1) The developing world is:

a) the Arctic and Antarctic
b) countries in Africa, Asia and Latin American with poor living conditions
c) Soviet bloc nations
d) all of the above

2) If you lived in some of the poorest countries of the world, what kind of food would you most likely find in your kitchen?

a) frozen vegetables, fresh fruits, meat, milk, eggs
b) dried meat, vegetables and powdered milk
c) some flour, a little salt and sugar, rice, onions and beans or potatoes

3) In those same poorer countries, which of the following would you likely find furnishing your house?

a) sofa, TV, tables, chairs, beds, dressers, lamps
b) a table, one chair, some blankets.
c) some woven mats

4) How many children all over the world can be saved every day through simple health measures?

a) 500
b) 10,000
c) 20,000

5) Which of the following are the four ways many health agencies recommend to save half of the children who die daily?

a) growth monitoring, oral rehydration therapy, breast-feeding and immunizations
b) vitamin supplements, high-fiber diets, less fattening foods, and exercise
c) giving money to charity, donating clothes, giving blood to the Red Cross, and sending food packages
d) training more doctors, building more hospitals, prescribing more pills, and encouraging people to move to the city to be closer to the hospitals

6) In many parts of the world, people go hungry because

a) they are too lazy to work for a living
b) there are too many people in an area
c) the world doesn't have enough food to feed everybody
d) there is more than enough food to feed every body, but that food is not evenly distributed

7) For most children of the world, diarrhea:
a) is embarrassing, but not a problem
b) is annoying, so they take medicine to prevent it
c) is life threatening, because the children lose all their body's fluids
d) doesn't exist, because they eat differently from the way we do, so they don't get diarrhea

8) In most of the world, the family's water comes from:
a) a faucet in the kitchen or bathroom
b) a hand pump in the backyard
c) the village well
d) a river or waterhole

9) Which of the following is true?
a) only poor mothers breastfeed their babies
b) infant formulas are better for a baby than breastmilk
c) using a bottle is more sanitary than breastfeeding
d) breastmilk is the best possible food for babies, and sanitary, too.

10) Which of the following kills the most children worldwide?
a) malnourished children getting measles
b) being in a car accident
c) getting smallpox

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world have access to the follow-
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b) a distant clinic

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ken because it will cause more

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most like an oral rehydration

b) Coca-Cola
) Gatorade

eases cannot be prevented by

b) tetanus
) malaria

ain untreated water:

_____

_____

presented all the children
expected to die from the

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h of children are arm circumference
o advantages of each method:

Weighing

accurate measure

shows weight loss or gain over time

to prevent malnutrition in her child is to:

pediatrician once a year
t on a growth chart each month
child eats at each meal
supplements daily

e untreated water?

you get diarrhea
untreated water has more vitamins and minerals so
people don't need vitamin pills
there will be no harmful side effects

the reverse side of this page, state which GOBI strategy
think would save the most children's lives and why?

ete the following sentences.
was_____because

_____

at I found most confusing was_____

_____ because_____

_____

was_____

_____

out I received was_____

_____

_____

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10) Which of the following kills the most children worldwide?
   a) malnourished children getting measles
   b) being in a car accident
   c) getting smallpox

11) Most of the people in the world have access to the folowing kinds of health care:
   a) the family doctor b) a distant clinic
   c) an emergency room

12) The best way I, as a student, can help children in other countries is:
   a) save up my used clothing and donate it
   b) contribute money to international relief organizations
   c) participate in action projects aimed at helping people help themselves

13) Which of the following happens when the body is dehydrated?
   a) the skin shrivels, children grow weaker and may die
   b) the problem is not serious and usually goes away in 2-3 days
   c) water should not be taken because it will cause more diarrhea
   d) the need for food is decreased

14) Which of the following is most like an oral rehydration solution?
   a) Kool Aid b) Coca-Cola
   c) milk d) Gatorade

15) Which of the following diseases cannot be prevented by immunization?
   a) measles b) tetanus
   c) smallpox d) malaria

16) Name two places you can obtain untreated water:

1)_____

2)_____

17) If a classroom of 35 children represented all the children in the world, how many could be expected to die from the effects of diarrhea?

a) all twenty five
b) twenty
c) four
d) one

18) Two ways to monitor the growth of children are arm circumference bands and weighing. List two advantages of each method:

Armbands	Weighing
_____	_____
_____	_____

19) The best way for a mother to prevent malnutrition in her child is to:

a) take the child to the pediatrician once a year
b) plot her child's weight on a growth chart each month
c) observe how much the child eats at each meal
d) give the child vitamin supplements daily

20) What can happen if you use untreated water?

a) you can get diarrhea
b) untreated water has more vitamins and minerals so people don't need vitamin pills
c) there will be no harmful side effects

21) On the reverse side of this page, state which GOBI strategy you think would save the most children's lives and why?

22) Complete the following sentences.

a) My favorite activity was_____because

_____

b) The lesson/activity that I found most confusing was_____

_____ because_____

_____

c) What most impressed me was_____

_____

d) The most valuable handout I received was_____

_____

because_____

RESOURCE SECTION

The following groups are active members of the Atlanta Campaign for Child Survival. When several of them have local and national offices, both are listed. Although this guide was prepared for the Atlanta campaign, it can be used anywhere in the country. This section can alert you to similar groups in your own community. Please let us know how you have used this guide and local action projects undertaken as a result of its use.

ORGANIZATION	PHONE, CONTACT (Area Code 404 unless noted)	ACTIVITIES
BREAD FOR THE WORLD c/o Alan Harris 2026 Dellwood Drive, N.W. Atlanta, GA. 30309	331-2475 Alan Harris	Local group encourages legislative action, awareness about hunger and child survival issues.
BREAD FOR THE WORLD EDUCATIONAL FUND, INC. 802 Rhode Island Ave., N.E. Washington, D.C. 20018	(202)269-0200 Kim Bobo	Strongly involved in nat'l Child Survival Campaign."A Chance to Survive" is an excellent new two-session study course on child health intended for adult audiences. Includes slide presentation.
CAMPAIGN FOR CHILD SURVIVAL 3384 Peachtree Rd., N.E., Suite 414 Atlanta, GA 30326	233-1510 Pat Harrington	Coordinates Atlanta Campaign activities. Houses materials, publishes newsletter, maintains contact with national effort. Can provide film, videotape on the Campaign.
CAMPAIGN FOR CHILD SURVIVAL 331 East 38th St. New York, N.Y. 10016	(212)686-5522	Coordinates national campaign in five model cities. Prepares AV and printed materials on child survival issues. Publishes newsletter.
CARE 1618 Thompson Ave. Atlanta, GA 30344 CARE WORLD HEADQUARTERS 660 First Ave. New York, NY 10016	763-0255 Marilyn Grist Rina Rosenberg (212)686-3110	Overseas relief and development.Co-chairs Atlanta CCS. Various AV and printed materials on hunger, health care, development and child survival issues.
CHRISTIANS AGAINST HUNGER IN GA 201 Washington St., S.W. Atlanta, GA 30303	588-1458 Everett Gill	Statewide network of Christians involved in legislative advocacy process aimed at helping needy children and their families in GA.
THE CARTER CENTER 1641 N. Decatur Rd. Atlanta, GA 30322	727-4340 Angela Tucker	International public policy center associated with Emory Univ. that examines issues of human rights, nuclear proliferation, health care, the environment. Provides forums, consultations, public education.

COUNCIL FOR CHILDREN 100 Edgewood Avenue Suite 1008 Atlanta, GA 30303	527-7565 Danny Starnes Exec. Director	A local child advocacy group on legislative issues. Publishes a legislative update and sponsors an annual Child Advocacy Forum.
DEPARTMENT OF HUMAN RESOURCES, PUBLIC HEALTH 878 Peachtree St., N.E. Room 201 Atlanta, GA 30309	894-7505 Don Speakes	Has studies and information about local health resources, needs, and problems. Can also provide health care. Supports the reduction of Georgia's infant mortality rate, with its "9 by 90" campaign.
INSA, THE INTERNATIONAL SERVICE ASSOC. FOR HEALTH P.O. Box 15086 Atlanta, GA 30333	634-5748 Patricia Harrell Ellen Wright	Promotes development education in the Atlanta Area through direct involvement in overseas projects. Has curriculum guides on huger and child survival. Slide presentations on India, Haiti, and ways for students and youth groups to become involved in INSA projects.
THE MARTIN LUTHER KING JR. CENTER FOR NON-VIOLENT SOCIAL CHANGE 449 Auburn Ave., N.E. Atlanta, GA 30312	524-1956 Annette Hutchins or Dr. Sandra Hunter	Work on social change in the areas of poverty, racial equality, and non-violence. Holds seminars and workshops, provides tutoring to students, has a day-care center, and publishes information and literature on its goals. Holds major public events, including the celebrations for Martin Luther King's birthday and the annual Kingfest.
MAYOR'S OFFICE 121 Memorial Drive Altanta, GA 30335	658-7712 Menty Araya	Can provide information on local projects and organizations and also some international information. Have several Task Forces (on related subjects).
NATIONAL BLACK WOMEN'S HEALTH PROJECT	753-0916 Byllye Avery	Provides health information, support and training for black women. Publishes a newsletter and has held a national conference.
OAKHURST COMMUNITY HEALTH CENTER 317 W. Hill Street Decatur, GA 30030	377-6448 Elizabeth Wilson Michael King	Provides low-cost health care to the community, particularly to mothers and children. Also, has overseas connections with the country of Burkina Faso in Africa.

RESOURCE SECTION

ATLANTA AREA RETURNED PEACE CORPS VOLUNTEERS 3234 LaVista Rd. Decatur, GA 30033	325-8623 Pat Heinzerling	Provides speakers who are former Peace Corps volunteers to speak to groups in the Atlanta area about their experiences in over 50 nations.
THE NATIONAL COUNCIL OF RETURNED PEACE CORPS VOLS. 1241 Amsterdam Ave. New York, NY 10027	(212)864-4961 Diane Botnick	Infomation on speakers and RPCV's in the U.S. Has a development education project aimed at involving RPCV's in schools.
SAVE THE CHILDREN 1340 Spring Street Atlanta, GA 30309	885-1578 Nancy Travis	Sponsors a number of child-related projects locally, nationally, and internationally. Main goal is to help communities and individuals become self-supporting.
SEEDS 222 East Lake Dr. Decatur, GA 30030	378-3566 Leslie Withers	SEEDS is an anti-hunger magazine, educational ministry and network of Christians concerned about hunger. Programs available on issues of hunger and long-term development. AV's, handouts, displays.
TASK FORCE FOR CHILD SURVIVAL 1989 North Williamsburg Dr. Suite 1 Decatur, GA 30033	325-2452 Joe Giordano	Publishes 6 annual issues of World Immunization News. Associated with Emory Univ. Interested in operational field research on immunization efforts. Evaluation and surveillance of worldwide immunization programs.
U.S. COMMITTEE FOR UNICEF Southeastern Regional Office 3384 Peachtree Rd., N.E., #414 Atlanta, GA 30326	233-9429 Mike Buccholz	Community involvement and advocacy programs for UNICEF-sponsored projects in 117 less developed countries. Extensive film library, AV's, posters and educational materials related to child survival issues.
ATLANTA AREA COMMITTEE FOR UNICEF 900 Charles Allen Drive, N.E. Atlanta, GA 30308	874-1421 Sandy Teepen	Involved with fund-raising efforts for overseas UNICEF projects. Sells greeting cards and sponsors Halloween activities for UNICEF.

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The following Atlanta area groups may have activities or information related to topics raised in this guide.

Atlanta Community Food Bank, 970 Jefferson St., N.W., Atlanta, GA 30318, 688-4540
Christian Council of Metro Atlanta, 465 Boulevard, Atlanta, GA 30312, 622-2235
PATH, Presbyterian Answer to Hunger, P.O. Box 77005, Atlanta, GA 30357 892-8461
United Way of Metro Atlanta, 24 HR. HELP LINE 522-7370

Name_____ No. of Students_____

School_____ Age of Students_____

Teacher Evaluation
"Healthy Children / Healthy World"
A Curriculum Guide in Five Units

Evaluate the following list of materials and activities on a scale from one to five. One being poor and five being excellent. Place a check in the appropriate box.

MATERIAL/ACTIVITY	Did Not Use	Poor 1	Fair 2	Average 3	Good 4	Excellent 5
Unit 1 WORLD OVERVIEW						
Reading: Descent into Hunger						
AV Pres: Children: Hunger,Hope						
AV Pres: Video or film: CSC						
Activity: Global Pop. Dist.						
Activity: Visualizing 20,000						
Handout: GOBI Prescription						
Unit 2 GROWTH MONITORING						
Activity: Food distribution						
Activity: Road to Health Chart						
Handout: Hidden Hunger						
Unit 3 ORT (Oral Rehydration)						
Activity: 5 water samples						
Activity: Baby Pattern						
Activity: ORT recipe						
Handout: Recipe for ORT						
Unit 4 BREAST-FEEDING						
Activity: Photos of animals						
Activity: Advantages/Disadv. of Breast-feeding						
Handout: Breast vs. Bottle						
Handout: The West: Return to breastfeeding						
Unit 5 IMMUNIZATION						
Activity: "Ice box"						
Activity: Immunization campaign						
Handout: Colombia: Immunizing 800,000						
Unit 6 RESOURCES						
Resource Section						
Pre-Test						
Post-Test						